Texas Department of Public Safety
Regulatory Services Division
www.dps.texas.gov

- *MUST USE MOST **CURRENT** FORM*
- ***TYPED** PREFERRED OR **PRINT** CLEARLY*
- *MAKE SURE ENTIRE CIRCLE IS **FILLED***

EXAMPLE: Yes ● No ○

TEXAS PRESCRIPTION PROGRAM

For DPS Use Only

PRESCRIPTION PAD MAIL-IN ORDER FORM

0 **# OF PADS**

$ 0.00 **PAYMENT AMOUNT**

Order Submission
Prescription pads are $9 per pad (100 prescriptions).
Payment or online payment receipt must accompany order. No refunds or credits. Allow 30 days for delivery.

Online Payment Trace Number

Online Transaction Date

MID-LEVEL PRACTITIONER *(Physician Assistant, Advance Practice Nurse, Advance Practice Registered Nurse)*

Last Name:	First Name:	Middle Name:	Suffix: *(IF ANY)*	Degree:
CSR Number:			Expiration Date:	
Current Board License Number:			Expiration Date:	
Current Federal (DEA) Registration Number:			State	

Name, address and registration numbers are printed exactly as they appear on your current DPS Controlled Substances Registration. Enter your primary practice address information below, *only if the information has changed.*

Business Address: (Physical Address required, if using PO box.)			
City:	State	ZIP Code:	County:
Business Phone:		Print on Prescription Pad ☐ Yes ☐ No	

I verify the information provided above is true and correct, and I understand any required fee is **non-refundable**. I also understand this is an official government record and any missing information and/or false statement made on this document or any other supplement provided to DPS may result in criminal prosecution.

Authorized Signature of Registrant Date: , (Printed Name and Title)

SUPERVISING DELEGATING PHYSICIAN

In compliance with Texas Occupations Code §157.0511, as the supervising physician, I delegate Schedule II and II-N Prescriptive Authority and permission to order Official Prescription Forms to the mid-level practitioner whose information appears above. My name and Controlled Substance Registration Number will also appear on the Official Prescription Form. *A CSR-registered practitioner signature is required.*

Last Name:	First Name:	Middle Name:	Suffix: *(IF ANY)*	Degree:
CSR Number:		Business Phone:		

I verify the information provided above is true and correct, and I understand any required fee is **non-refundable**. I also understand this is an official government record and any missing information and/or false statement made on this document or any other supplement provided to DPS may result in criminal prosecution.

Signature of Supervising Delegating Physician *(No Stamped Signatures)* Date: , (Printed Name and Title)

Send Electronically
1. Complete form, print, sign and save to your computer.
2. Pay online at https://www.texas.gov/RxPadOrder . Save the receipt to your computer.
3. Go to Contact Us. Select **Texas Prescription Program**, then select **Submit completed prescription pad order form** to upload your receipt and completed order form.

****Please do not mail a duplicate copy if submitted electronically, as it may delay delivery.**

OR

Send by Mail
Texas Prescription Program
P.O. Box 15888
Austin, Texas 78761-5888

Customer Contact
(512) 424-7293

Privacy Policy
Texas Government Code §559.003. RIGHT TO NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES
(a) Each state governmental body that collects information about an individual by means of a form that the individual completes and files with the governmental body in a paper format or in an electronic format on an Internet site shall prominently state, on the paper form and prominently post on the Internet site in connection with the electronic form, that:
(1) with few exceptions, the individual is entitled on request to be informed about the information that the state governmental body collects about the individual;
(2) under §552.021 and §552.023, the individual is entitled to receive and review the information; and
(3) under §559.004, the individual is entitled to have the state governmental body correct information about the individual that is in
(b) Each state governmental body that collects information about an individual by means of an Internet site or that collects information about the computer network location or identity of a user of the Internet site shall prominently post on the Internet site what information is being collected through the site about the individual or about the computer network location or identity of a user of the site, including what information is being collected by means that are not obvious.